WINCHESTER BRARY

Winchester Rural District Council

ANNUAL REPORT

ON THE

Health of the Rural District

for the Year 1948

BY

JOHN L. FARMER, M.B., Ch.B., D.Obst., R.C.O.G., D.P.H.
Medical Officer of Health

AND

FRANK HURST, M.S.I.A., C.R.S.I.
Senior Sanitary Inspector

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July, 1948

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE,
WINCHESTER RURAL DISTRICT COUNCIL

Mr. Chairman, Ladies and Gentlemen,

I beg to submit the Annual Report for the year 1948 on the health and sanitary conditions of the Winchester Rural District.

In the last two or three years there has been a tendency for Annual Reports to be produced in a more popular form. Although this practice has much to commend it, it presents greater difficulty to recount, in such a fashion, the restricted, though varied, activities of a Rural District Council. Some attempt has, however, been made to expand the main points of interest.

No event of outstanding importance occurred during the year. Towards its close, the anticipated increase in the incidence of measles became apparent, particularly in the Southern district due doubtless to the propinquity of the County Boroughs. The figures for diphtheria immunisation are gratifying and warrant the conclusion that the area continues to be well protected. Under the provisions of the National Health Service Act, vaccination ceased to be "compulsory" and it should be of interest to note the response in future years.

The acquisition of the Cricket Camp, Bursledon, meant an addition to the number of families provided with housing. Much work was involved by the various departments of the Council in converting the huts to a reasonable standard of accommodation. The other camps in the District are still in existence, but no one can view with equanimity the prospect of their continued use. Deterioration of, particularly, the wooden huts is constant and temporary repairs are being made continually, but the time must be approaching when many of the inferior structures might be removed.

Progress has been made to ensure a satisfactory piped water supply to the Northern parishes. Preliminary details have been settled and it is hoped during 1949 to commence the laying of the mains. Reference must also be made to the outstanding progress in the erection of permanent dwellings. Without much doubt, the number of new houses provided must take a big share in the contribution to the health of the people. Credit is due to the officers concerned for the manner in which many obstacles have been overcome to ensure a steady flow of new houses in the area.

I referred above to the more restricted sphere of activities of a Rural District Council. Much remains to be done in the environ-

mental field of public health. Public health reform is frequently measured by the crude yardstick of the number of deaths in the area. It is a simple matter to include a table of deaths occurring in the year ; it is impossible to include a table shewing how many lives have been saved by attention to details of environmental hygiene. The aim, however, is not only to postpone death, but to prevent illness, to lessen the difficulties, both social and financial, which illness entails, and to improve, in time, environmental conditions to ensure a happy and healthy family life. Success in one direction leads only to new problems ; public health work will never be finished.

Such problems in environmental hygiene can only be solved by the individual and the community working together. Of all the social workers, the Sanitary Inspector has, perhaps, the greatest opportunity for making a direct contribution to community health. To improve environmental conditions, he has considerable legal powers, but the fullest exercise of his moral power involves tact, personality and persuasive ability of a high order. Only by co-operation can the maximum effort be achieved. His work is not dramatic—tangible evidence of his activities is not usually obvious—but the ultimate effect of his efforts cannot be measured. He is one of the main channels for the imparting, not only of knowledge, but of wisdom.

I wish to offer a word of thanks to the Senior Sanitary Inspector Mr. Hurst, the two District Sanitary Inspectors, Mr. Beyer and Mr Smith, and the clerical staff of the Health Department for their help throughout the year. Without their sustained efforts and cheerful assistance, little progress could be measured. They have ably coped at all times with a surprising variety of activities ; the coming into force of the National Health Service Act, with its consequent increased clerical work, has not lightened their labours. To the other officers of the Council, I am grateful for their steady co-operation.

I am,

Your obedient Servant,

JOHN L. FARMER,

Medical Officer of Health

A REVIEW OF THE YEAR 1948

On 5th July, 1948, a momentous day in the history of British medicine, the National Health Service Act came into force. An ambitious scheme, it provided a complete medical service, without charge when it is required, for man, woman and child.

The Minister of Health is advised by a Central Health Services Council and to him are transferred all voluntary and municipal hospitals. The country has been divided, for hospital, consultant and specialist services, into regions under Regional Hospital Boards. For the everyday management of groups of hospitals, Hospital Management Committees are appointed by the Boards. The Local Health Authorities are the County Councils and the County Borough Councils and are responsible for the personal health services. The General Practitioner service and the dental, ophthalmic and pharmaceutical services are provided by the Executive Councils.

By 5th July, 1948, five great Acts of historic interest and fostering the general prosperity of the citizen had come into operation.

The National Insurance (Industrial Injuries) Act, 1946, provided insurance against personal injury caused by accident arising out of and in the course of employment; it covered also certain industrial diseases.

The National Insurance Act, 1946, provided unemployment and many forms of sickness and disability benefits. A National Insurance Fund is established by weekly contributions from employers, employees and Exchequer contributions.

The Family Allowances Act, 1945, provided for every family with two or more children under the upper limit of compulsory school age or under sixteen at school an allowance of five shillings per week for each child except the eldest.

The National Assistance Act, 1948, centralised in a National Assistance Board many functions which were carried out by former Public Assistance Authorities. It makes provision for those who, through various causes, are not entitled to insurance benefits. The "health" functions of the former Public Assistance Authorities have been merged into the National Health Service.

And, finally, in 1948, the Children Act provided a comprehensive service for the care of children who have not the benefit of a normal home life. The Act is designed to ensure, in the words of the Curtis Committee, "that all deprived children shall have an upbringing likely to make them sound and happy, and shall have all the chances,

education and vocational, of making a good start in life which are open to children in normal homes."

Health Services provided by the County Council

The County Council, in accordance with the provisions of the Act, were required to establish a Health Committee to which, with certain exceptions, all matters relating to health, stand referred. Subject to the consent of the parent body, the Health Committee could appoint sub-Committees, of which the majority of members had to be members either of the County Council or of the District Council. The first duty of the County Council was to submit to the Minister of Health proposals as to how their duties were to be carried out. Copies of these proposals were sent to, among others, every Local Authority for an area within the area of the Local Health Authority. This Council, within two months, could make recommendations to the Minister to modify the proposals. After approval by the Minister, with or without modifications, they formed the framework.

The duties imposed on the County Council are :—

(i) The provision of Health Centres—consideration of which was deferred.
(ii) The care of expectant and nursing mothers and children under five years.
(iii) The supervision of midwives and the provision of an efficient domiciliary medical service.
(iv) The provision of Health Visitors, the scope of whose duties is greatly increased.
(v) The provision of home nursing services.
(vi) The making of arrangements for vaccination and immunisation against diphtheria.
(vii) The provision of an ambulance service.

The foregoing duties are mandatory ; the following are permissive :—

(*a*) To arrange for care or after-care of persons suffering from illness or mental defectiveness, and
(*b*) To arrange for domestic help for households.

In connection with the duties in regard to domiciliary midwifery, home nursing and domestic help, representation of this Council was secured through the formation of a District Health Sub-Committee, the composition of which was as follows :—

(1) One Nursing Representative for each midwife or nurse.
(2) One District Councillor for each Nursing Representative.
(3) Two County Councillors, and
(4) One Doctor.

This Committee is responsible for the day to day administration of these services in the area.

GENERAL PROVISION OF HEALTH SERVICES IN THE DISTRICT

ublic Health Officers

Senior Sanitary Inspector :
FRANK HURST, M.S.I.A., C.R.S.I.

District Sanitary Inspectors :
S. H. BEYER, M.S.I.A., C.S.I.B.
H. J. SMITH, M.S.I.A., C.S.I.B.

Clerical Staff :
C. B. ASHMAN
MISS J. A. LEWIS

Rodent Officer :
T. A. SAWKINS

Rodent Operatives :
D. G. P. ALLEN
MISS J. R. BARTLETT
MISS B. START

Medical Officer of Health :
JOHN L. FARMER, M.B., Ch.B., D.Obst., R.C.O.G., D.P.H.

ngineer and Surveyor's Department

Engineer and Surveyor :
A. J. R. WATTS, A.F.A.S.

Deputy Engineer :
F. G. SMITH, A.M.Inst.H.E.

Deputy Surveyor :
L. R. NIPPIERD

aboratory Services

Laboratory examinations relating to Bacteriology and Epi-emiology are carried out by the Public Health Laboratory located the Royal Hampshire County Hospital, Winchester (Telephone 307). The Director of the Public Health Laboratory is Dr. R. D. ackenzie. The County Laboratory deals with chemical analyses, g., of water, sewage, milk and other substances.

Ambulance Service

Under Section 27 of the National Health Service Act, the County Council is required to make provision for securing that ambulances and other means of transport are available, where necessary, for the conveyance of persons suffering from illness or mental deficiency or expectant or nursing mothers from places in their area to places in or outside their area.

A Local Health Authority may carry out their duty under this Section either by themselves providing the ambulances and other means of transport and the necessary staff for them, or by making arrangements with voluntary organisations or other persons for the provision by them of such ambulances, transport and staff.

The arrangement for the ambulance service with the Winchester City Council and for the use of the Hedge End Ambulance came to an end on the 5th July, when the responsibility for the service fell on the County Council. The area is provided for as follows :—

District	*Ambulance Station*	*Telephone*
ALTON U.D. ... (covers Alton R.D.C.)	... The White Horse Inn, Alton	Alton 3161
ANDOVER M.B. ... (covers Andover R.D.C.)	1 Anton Road, Andover	Andover 2222
EASTLEIGH M.B. ...	Town Hall Yard, Eastleigh	Eastleigh 87211
WINCHESTER M.B. ...	Kingsley Place, Stanmore	Winchester 2536
WINCHESTER R.D. ...	20 The Close, Hedge End	Botley 239

For the conveyance of cases of Infectious Disease :—

District	*Ambulance Station*	*Telephone*
EASTLEIGH M.B. ...	Town Hall Yard, Eastleigh	Eastleigh 87211
WINCHESTER M.B. ...	Kingsley Place, Stanmore	Winchester 2536

If an ambulance is required in an emergency, the caller shou ask for "Ambulance" and the telephone exchange will connect wi the nearest Ambulance Station immediately. The station will th deal with the call, either by sending an ambulance from their ov or from an adjacent station.

Hospitals

As from the 5th July, 1948, practically all hospitals have been transferred to the Ministry of Health and are under the control of Regional Hospital Boards; in the case of Hampshire, under the South-west Metropolitan Regional Hospital Board. This Board is again divided into areas and Hospital Management Committees have been established for local administration. Arrangements have therefore been altered.

To assist in admissions, a Bed Service office has been set up at the Royal Hampshire County Hospital, Winchester. This office, serves, among others, the following :—

ROYAL HAMPSHIRE COUNTY HOSPITAL, WINCHESTER.

ANDOVER WAR MEMORIAL HOSPITAL, ANDOVER.

CRABWOOD SMALLPOX HOSPITAL, WINCHESTER.

VICTORIA ISOLATION HOSPITAL, WINCHESTER.

ST. PAUL'S HILL HOSPITAL, WINCHESTER.

TICHBORNE DOWN HOUSE, ALRESFORD.

The following procedure applies for the admission of :—

(*a*) Acutely Ill Patients

Doctors may apply direct to the hospital of their choice for the admission of such a patient. In the event of difficulty, or if they require assistance, they apply to the Winchester Bed Service Office. This office is open day and night (Telephone Winchester 2261 and 2262) and demands for beds can be made there at any time.

(*b*) Chronic Sick Patients

There is a shortage of beds for such patients, and it is therefore necessary to take into consideration the social as well as the medical conditions of the patient.

In the event of a bed not being vacant, the Winchester Bed Service will place the patient's name on the waiting list and at the same time inform the County Medical Officer, who is arranging for all such cases to be visited by his welfare workers with the object of assessing priority for admission. As soon as a vacancy is found for the patient, the practitioner is informed and asked to confirm that admission is still required and that the patient can travel by ambulance. On receipt of such confirmation, arrangements for the transfer of the patient to hospital will be undertaken by the Winchester Bed Service.

(*c*) Patients suffering from Infectious Diseases

Doctors apply direct to their local fever hospital or in the event of difficulties, to the Medical Officer of Health, or to the Bed Service.

It is not the intention that uncomplicated cases of measles chicken-pox, scarlet fever, german measles, or mumps shall b admitted to infectious diseases hospitals, unless the Medical Office of Health supports such admissions. Applications should, in such cases, be made through the Medical Officer of Health.

Suspected cases of smallpox are reported, in the first instance, t the Local Medical Officer of Health. The admission of patient suffering from smallpox is arranged by the County Medical Office who asks the Winchester Bed Service to make arrangements for th reception of the patient at the Crabwood Smallpox Hospital.

(*d*) Maternity

Arrangements for the admission of a patient on medic grounds will be made between the practitioner and the hospital. patients are to be admitted for social reasons, a supporting stateme must be obtained from the County Medical Officer and applicati made through the Winchester Bed Service.

STATISTICS OF THE AREA

Area	110,436 acres
Rateable Value as at 31st December, 1948 ..	£270,684
Sum represented by a penny rate	£1,094 19*s.* 10*d.*
Population	38,910

VITAL STATISTICS

Live Births

	1948			1947		
	M.	*F.*	*Total*	*M.*	*F.*	*Total*
Live Births (Legitimate)	344	308	652	386	314	700
Live Births (Illegitimate)	17	20	37	27	24	51
Totals	361	328	689	413	338	751

The Live Birth Rate per 1,000 of the estimated population was 17·4 compared with 17·9 for the whole of England and Wales.

Still Births

	1948			1947		
	M.	*F.*	*Total*	*M.*	*F.*	*Total*
Still Births (Legitimate)	5	6	11	9	5	14
Still Births (Illegitimate)	1	–	1	1	1	2
Totals	6	6	12	10	6	16

The Still Birth Rate per 1,000 total births was 17·1 compared with 23·1 for the whole of England and Wales.

Deaths

Male	193
Female	173
Total	366

The Death Rate per 1,000 of the estimated population was 9·4 compared with 10·8 for the whole of England and Wales.

Maternal Deaths

Puerperal Sepsis	nil
Other maternal causes	3

(Two mothers died during the year in the Royal Hampshire County Hospital, Winchester, one from a disease of the kidneys and one from collapse of the lung shortly after birth. One mother died in the Borough Hospital, Southampton, from Eclampsia.)

Deaths from Cancer (all ages)	62
Deaths from Measles (all ages)	1
Deaths from Whooping Cough (all ages)	0
Deaths from Diarrhoea (under two years of age)	3

The Death Rate of infants under one year of age was 33·7 per 1,000 live births compared with 34·0 for the whole of England and Wales.

The figure for the birth rate of 17·4 per 1,000 of the population shews a decrease on that for 1947, which was 20·02. The highest Rate recorded in the last ten years was 20·03 in 1944.

The figure for the general death rate of 9·4 per 1,000 population is below that for 1947, which was 11·2. The figure compares favourably with that for England and Wales of 10·8. The rate will doubtless now remain about stationary, due to the increasing average age of the population.

The infant mortality rate shews an increase, not of statistical significance. The figure, however, compares favourably with that of 34·0 for England and Wales. Out of a total of twenty-two deaths under one year, 64% occurred in the first four weeks of life—a neo-natal rate of twenty per 1,000 births. In 50% of these neo-natal deaths prematurity was given as the cause. Some comment on the infant mortality rate is made on a later page.

As regards the individual causes of death, heart disease continues to head the list. Cancer is the second greatest cause, followed by diseases of the blood vessels of the brain. In regard to Tuberculosis, statistics are set out in the relevant sections of the Report. The number of new cases has fallen considerably and the number of deaths has remained about the same. It is impossible to draw definite conclusions from small figures, and though the fall in the number of new cases is gratifying, guarded optimism is very necessary.

Causes of Death	*Males*	*Females*
1. Typhoid and Paratyphoid	—	—
2. Cerebro-spinal Fever	—	—
3. Scarlet Fever	—	—
4. Whooping Cough	—	—
5. Diphtheria	—	—
6. Tuberculosis of Respiratory System	6	5
7. Other forms of Tuberculosis	—	1
8. Syphilitic Disease	1	—
9. Influenza	—	—
10. Measles	1	—
11. Acute Poliomyelitis and Polio-encephalitis (Infantile Paralysis)	—	—
12. Acute Infective Encephalitis (Sleepy Sickness) ...	—	—
13. Cancer of Buccal Cavity and Oesphagus (M) ...	3	—
Uterus (F)	—	3
14. Cancer of Stomach and Duodenum	6	3
15. Cancer of Breast	—	13
16. Cancer of other sites	23	11
17. Diabetes	1	5
18. Intracranial Vascular Lesions	12	12
19. Heart Disease	64	54
20. Other Diseases of the Circulatory System	8	9
21. Bronchitis	5	8
22. Pneumonia	5	7
23. Other Respiratory Diseases	2	—
24. Ulcer of Stomach or Duodenum	—	—
25. Diarrhoea under two years	3	—
26. Appendicitis	1	—
27. Other digestive Diseases	1	6
28. Nephritis	5	3
29. Puerperal and Post-abortive sepsis	—	—
30. Other Maternal Causes	—	3
31. Premature Birth	4	—
32. Congenital Malformations, Birth Injury, Infantile Disease	8	3
33. Suicide	3	1
34. Road Traffic Accidents	1	2
35. Other Violent Causes	6	3
36. All other Causes	25	21
Total (All Causes)	193	173

Deaths of Infants under one year of age (included in the above able) :—

	Male	*Female*	*Total*
egitimate	16	6	22
legitimate	—	—	—

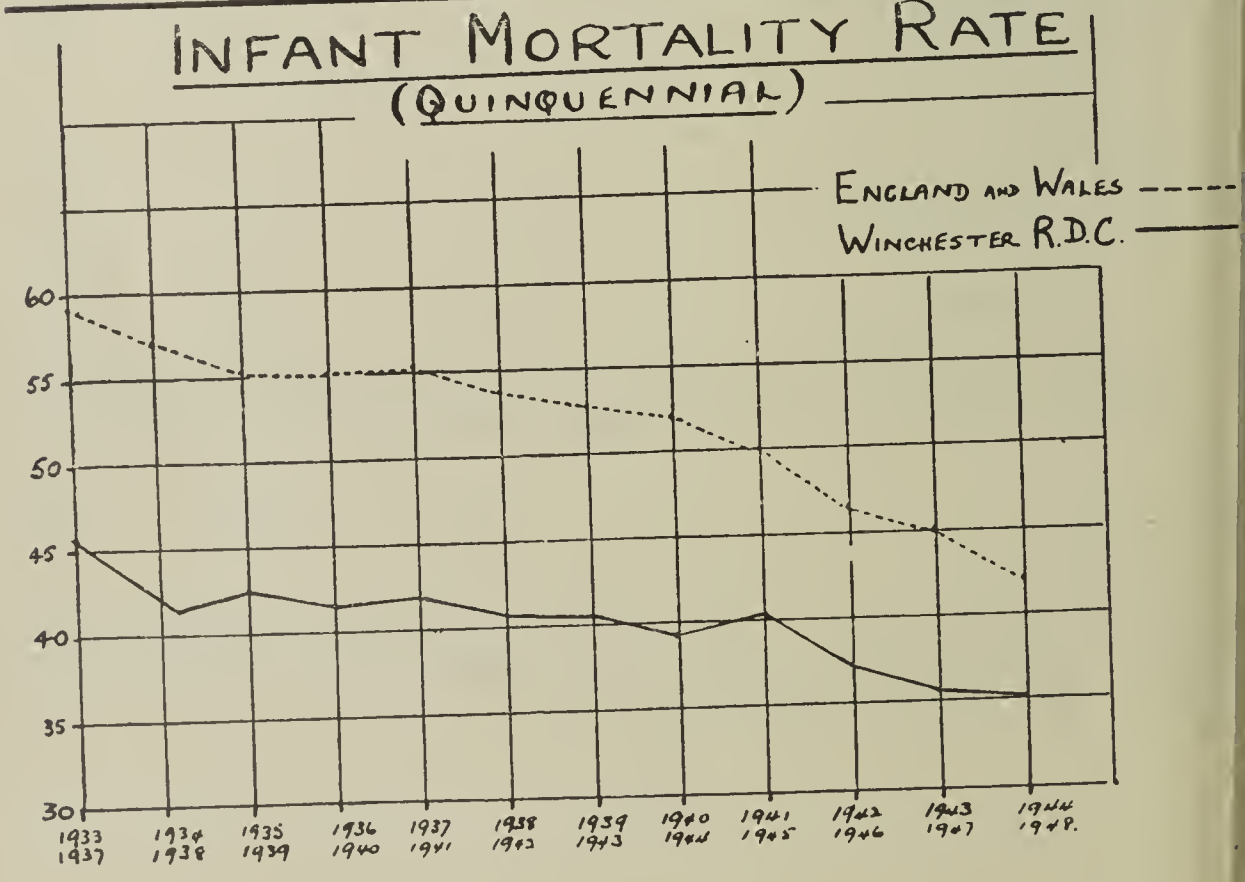
The deaths in the above table include residents who died utside the District and exclude non-residents who died within the istrict. Non-civilians are excluded.

Infant Mortality Rate

This is defined as the deaths under the age of one year, registered in the calendar year per 1,000 live births so registered. The rate for each year is not, in itself, a reliable guide, the number of births in the District not being sufficient to be of significance statistically.

The same index taken over a period of five years is considered reasonably reliable. The table shews the rate since 1933 in this District, compared with the rates in the great towns and the rates for England and Wales. The figures in brackets and the graph shew the rate for this District, as compared with the rate for England and Wales, each over a five-year period.

Year	*Winchester R.D.C.*	*Great Towns*	*England and Wales*
1933	58·1	67	64
1934	30·4	63	59
1935	53·7 (45·7)	62	57 (59·4)
1936	44·2 (41·4)	63	59 (57·2)
1937	42·3 (42·5)	62	58 (55·4)
1938	36·8 (41·4)	57	53 (55·2)
1939	35·6 (41·9)	53	50 (55·4)
1940	48·3 (40·7)	61	56 (53·6)
1941	46·5 (40·5)	71	60 (52·8)
1942	36·4 (39·2)	59	49 (52·0)
1943	35·8 (40·3)	58	49 (50·0)
1944	29·2 (37·1)	52	46 (46·6)
1945	53·7 (35·7)	54	46 (45·0)
1946	30·5 (35·2)	46	43 (42·0)
1947	29·3	47	41
1948	33·7	39	34



The infant mortality rate is one of the best indices of the social circumstances of the district ; in England the rate is lower in areas in which agriculture is the staple industry. High rates are commonly associated with overcrowding, defective sanitation and maternal apathy. Whatever the factors involved, the rate for this Rural District for the last ten years, with one exception, has been markedly below the figure of the country as a whole, and is a gratifying feature in the statistics. Without a doubt, it results from an improved standard of life of the population in general, and from the increased care and attention being taken to preserve infant life.

It is of value to analyse the infant deaths. It is found that, of the twenty-two deaths in the first year of life, no fewer than fourteen occurred during the first month. This neo-natal mortality rate is dependent on several factors, chief of which are the obstetrical care of the mother and the care of the child in its earliest days. The greatest single cause of death is prematurity, the cause of which has not yet, in most instances, been established. It has been mentioned that prematurity was responsible for nearly 1,700 infant deaths in England and Wales in 1945 ; it can be seen, therefore, that the problem is of high social and economic importance. The solution is, to a large extent, the improvement of the environmental condition of the people. Of considerable value would be the provision of an adequate diet, the improvement of housing accommodation and the education of all sections of the community to make use of the facilities available. It is, therefore, gratifying to note the considerable number of houses erected in the Rural District since the end of the war ; without doubt, such an achievement will have its effect over the years on the infant mortality rate.

Incidence of Commoner Infectious Diseases since 1939

Year	*Diphtheria*	*Scarlet Fever*	*Pneumonia*	*Measles*	*Whooping Cough*	*Puerperal Pyrexia*	*Infantile Paralysis*	*Erysipelas*	*Enteric Fever*	*Cerebro-spinal Fever*	*Ophthalmia Neonatorum*
1939	23	32	2	*	*	7	4	8	—	1	4
1940	5	51	5	403	116	4	4	7	—	5	4
1941	13	41	22	568	177	7	—	8	2	4	8
1942	4	57	16	149	37	7	1	6	—	2	7
1943	2	63	27	562	142	10	2	17	—	—	6
1944	2	55	15	61	49	4	—	5	1	2	6
1945	2	49	23	675	115	3	1	8	—	1	1
1946	2	38	25	75	72	1	—	8	—	2	4
1947	—	27	18	448	49	1	11	6	—	—	3
1948	—	25	8	371	135	2	1	5	—	—	1

Only certain forms of pneumonia are notifiable. * No figures available for 1939.

The Infectious Diseases which account for the greatest number of notifications are measles and whooping cough.

Whooping Cough

The ability to prevent whooping cough with a vaccine is still in doubt but I am inclined to agree that authorities could make use of the combined prophylactic against diphtheria and whooping cough, provided the parents were warned that it might not be successful against whooping cough. From experience, I believe that parents would welcome this form of treatment; they should be acquainted, however, with the full facts of its weakness. Until a prophylactic of proved reliability is forthcoming, the Ministry of Health cannot sponsor a mass immunisation scheme.

Measles

Much preventive work has still to be done in regard to measles. It is a disease too lightly rated in the public mind, attended as it is by serious complications not only to the patient but to the family unit in to-day's overcrowding of houses. More use could be made of the material available to prevent or mitigate the disease. It would be of interest to see the effect of mass immunisation. Most deaths occur in the youngest age groups and postponing the age of attack offers the most hope of reducing mortality.

Scarlet Fever

Figures over the last few years show a decline. The characteristics of this disease have altered in the last decade. Scarlet Fever is due to several types of haemolytic streptococci, some of which have the power to produce a rash in some people. There appears, therefore, no justification for differentiating between Scarlet Fever and other kinds of streptococcal sore throat. If possible, patients are best nursed at home. No deaths occurred from this disease during the year. The rate of incidence of the disease in this District was 0·64 compared with 1·73 for the whole of England and Wales.

Poliomyelitis

Only one confirmed case occurred during the year; the source of infection was not discovered and orthopaedic treatment at Lord Mayor Treloar's Hospital, Alton, appeared, at the end of the year, to be going to be successful.

DIPHTHERIA IMMUNISATION

It is pleasing to be able to report that no case of diphtheria was reported during 1948. The following table shews the number of cases and the number of children immunised since 1939 :—

Year	*Primary*		*Total*	*"Boosts"*	*Cases*
	under 5	*over 5*			
1939	8	—	8	—	23
1940	71	24	95	—	5
1941	399	3,173	3,572	—	13
1942	423	468	911	—	4
1943	486	262	748	—	2
1944	481	220	701	—	2
1945	459	137	596	21	2
1946	491	322	813	38	2
1947	549	198	747	608	0
1948	754	254	1,008	1,510	0

During the war years, people became increasingly conscious of the value of immunisation. A stage has now been reached where, for two years in succession, no case has been notified in this District. Although this is a welcome achievement, it is not unattended by risks. When diphtheria was rife, parents did not need to be convinced of the dangers of the disease, but at that time they were not convinced of the value of immunisation. Nowadays the majority realise the value of immunisation, but are not aware of the dangers of the disease. There is, with the current absence of diphtheria, a risk of complacency and perhaps a feeling that the risk of incurring the disease is being exaggerated. Eighty per cent of all children under fifteen years of age in this District have been immunised.

Administration of the Scheme

Pre-school children. A list of births is compiled from the returns of the Registrars, from Notification of Birth cards sent to me by the County Medical Officer and from information obtained from the local office of the Ministry of Food.

When a child reaches the age of six months, a card is sent to the parents containing information and advice on immunisation and a detachable consent card. Parents complete this card, stating whether they wish the child immunised by their own Doctor or at a Child Welfare Centre. Where their own Doctor is preferred, details are sent to the Doctor, requesting him to carry out the treatment. Where the parents wish to have the child immunised at a Welfare Centre, the details are sent to the Doctor in charge of the Welfare Centre ; cards are returned to this office when the treatment has been completed.

A list of children who have reached the age of eleven months and have not been immunised is sent monthly to the County Medical Officer, who arranges for a Health Visitor to make a "follow-up" visit to ascertain why the child has not been immunised and to endeavour to persuade the parents to have the treatment carried out.

School Children. At approximately yearly intervals, consent cards are sent to each school in the Rural District and distributed to the children. These cards are completed by the parents if they require their children to be immunised or to receive the single re-immunising dose. The cards are returned to the Head Teacher of the school and forwarded to the Health Department. Arrangements are then made for an immunisation clinic to be held at the school.

Propaganda

Constant and well-directed publicity will, in my opinion, produce better results than a national campaign. Propaganda has therefore been confined throughout the year to newspaper advertisements in the local press. It is felt that advertisements in the National Press, combined with announcements of local facilities, are satisfactory. The best channels for personal propaganda are the schools, welfare centres, health visitors and the various voluntary agencies.

TUBERCULOSIS

Tuberculosis is a notifiable disease. Practitioners may notify the Health Department on the appropriate form ; in some cases the patient may remove into the District and the case is notified by the former local authority ; sometimes the information comes indirectly. The majority of cases are notified by practitioners, i.e., primary notifications.

The advantages of notification are that special attention can be given without delay ; the house is visited by the tuberculosis visitor, who ascertains the contacts and the housing condition. Provision is made for notified cases to receive priority food.

In cases of non-pulmonary tuberculosis, investigation may, if necessary, be carried out regarding the milk supply.

In England and Wales during 1948, the death rate from all types of Tuberculosis was 0·51 per 1,000 of the population ; in this District the rate was 0·31 per 1,000.

The following table refers to new cases, cases transferred to the District and mortality during the past three years :—

Year	*New Cases*					*Transferred to District*					*Deaths*				
	Pulmonary		*Non-Pulmonary*		*Total*	*Pulmonary*		*Non-Pulmonary*		*Total*	*Pulmonary*		*Non-Pulmonary*		*Total*
	M.	*F.*	*M.*	*F.*		*M.*	*F.*	*M.*	*F.*		*M.*	*F.*	*M.*	*F.*	
1946	20	7	3	4	34	6	8	—	—	14	6	5	2	—	13
1947	17	9	1	3	30	10	6	—	1	17	5	6	2	—	13
1948	9	9	4	1	23	3	4	—	1	8	6	5	—	1	12

The following table shews the number of new cases of tuberculosis notified during the year according to age :—

Age	*Pulmonary*		*Non-Pulmonary*		*Total*
	Male	*Female*	*Male*	*Female*	
Under 1 year ...	—	—	—	—	—
1–5 years ...	—	—	1	—	1
5–15 years ...	—	—	3	—	3
15–25 years ...	4	1	—	—	5
25–35 years ...	—	4	—	—	4
35–45 years ...	1	2	—	—	3
45–55 years ...	1	—	—	—	1
55–65 years ...	3	1	—	1	5
Over 65 years ...	—	1	—	—	1
Total	9	9	4	1	23

HOUSING

One of the evil consequences of the war is the great shortage of houses. This shortage is as acute in the Winchester Rural District as it is in the country as a whole, and a very great deal of work has been done by this Council in making provision of new houses.

I propose this year to enlarge on this question, as it is of such significance to the health of the District.

It is a fundamental principle of preventive medicine that each family should have a house suitable for its needs. In this year, when a National Health Service has been put into operation, when there has been great progress with social and welfare services, and when greater emphasis has been laid on the preservation and nutrition of infant lives, it is sad to think of the conditions under which so many families are obliged to live. The amount of physical ill-health and mental unhappiness created by sub-standard accommodation is much more than can be righted by the provisions of a National Health Service, no matter how efficient or comprehensive it may be. It would be interesting to reflect on how much money now being spent on social services would be saved by the more liberal provision of suitable houses.

The Housing Allocation Scheme

Housing applications are submitted by applicants to the Housing Department, and are considered, from the health aspect, by the Health Department under three headings, (i) overcrowding, (ii) insanitary conditions, including social difficulties, and (iii) medical factors. The first two factors are assessed by the Sanitary Inspectors in all cases. If the applicant resides outside the Rural District, a report from the Sanitary Inspector of the outside District is submitted to this Health Department. The third factor, medical, is assessed on the strength of a medical certificate, a visit to the applicant if necessary and taking into consideration the degree of overcrowding and/or insanitary conditions.

During the year, 496 new applications were received and at mid-year the number of "live" applications stood at 985. 124 applicants took occupation of new houses. The grouping of parishes for allocation purposes has resulted in a more equitable distribution of available houses, has allowed the Council to fulfil its duties to people living and working through the whole Rural District and tended to a fairer operation of the points scheme. A greater number of points for need factors was allotted to the Health Department and this increase has enabled applicants living in overcrowded and insanitary houses to receive an award of points comparable with the award made on account of war service or type of occupation, the needs of the letter being, in many cases, less urgent. On the whole the present scheme of allocation functions satisfactorily.

One aspect of the housing allocation system deserves comment. I refer to the amount of time spent by the Sanitary Inspectors in assessing need. During the year no fewer than 404 visits were made in this connection. In the words of the Sanitary Inspector (South) : ". . . the number of visits reported are actual visits made to the premises where the applicant lives ; no record is kept of the number of visits by the applicants to the three offices for information, advice etc. If a record were kept, the total would far exceed the number recorded. It so often seems that a trouble shared is a trouble halved. Every contact reinforces the conviction that no one factor so vitally affects the health and happiness of the people as housing. One is impatient for the day when enough houses are available and the unavoidable deterioration of existing houses over ten years can be made good."

With the realisation of the great increase in the number of Council houses in the District, a Sub-Committee of the Housing Committee was established toward the end of the year to enquire widely into the better management of Council houses.

Provision of new houses

During the year, permanent houses have been erected by the Council in the undermentioned parishes :—

Hound (Netley)	26	Botley	12
Kings Worthy	24	Fair Oak	6
Bramdean	18	Itchen Valley (Itchen Abbas)	4
Hedge End	14	Alresford	2
Sparsholt	2		

Twelve houses have been completed by private enterprise during the year in the following parishes :—

Littleton	5	Botley	1
Otterbourne	3	Fair Oak	1
Alresford	1	Hedge End	1

In addition, five war-destroyed houses have been re-built, four at Hedge End and one at Kings Worthy.

The following table shews the number of houses built and the huts converted by the Council since the end of the war :—

Parish	*Traditional*	*Non-Traditional*	*Prefabs*	*Total*	*Huts*
Bishops Sutton	4	—	—	4	—
Bramdean	8	10	—	18	—
Cheriton	—	6	—	6	—
Itchen Valley	4	—	—	4	—
Kilmeston	6	—	—	6	—
New Alresford	24	—	10	34	11
Old Alresford	—	10	—	10	—
Tichborne	—	—	—	—	22
Colden Common	—	2	8	10	—
Compton	14	—	—	14	—
Kings Worthy	2	24	—	26	24
Micheldever	15	8	—	23	4
Otterbourne	4	6	—	10	—
Owlesbury	4	2	—	6	—
Sparsholt	8	—	—	8	—
Wonston	8	—	—	8	—
Botley	18	—	—	18	4*
Bursledon	8	—	—	8	90
Fair Oak	16	—	—	16	—
Hamble	—	—	50	50	—
Hedge End	4	10	20	34	14*
Hound	16	26	62	104	32
West End	6	—	—	6	47
Totals	169	104	150	423	248

*Rest Centre Huts.

Maintenance

Small property owners, conscientious as many have been in the past, find it increasingly difficult to keep their properties in a good state of repair.

Legislation is urgently required to bridge the gulf between 1939 rents and 1948 costs. The cost of labour to-day has increased by 65% and the prices of building materials generally used in carrying out repairs have soared to 300% in some cases. The legal yardstick—"reasonable cost" of the Housing Act—surely cannot justifiably be operated when it is realised that the net annual rent in the more rural part of the District probably averages only £10.

Rural Housing Survey

In 1944 the Ministry of Health issued Circular 64/44 to County and Rural District Councils in England and Wales, accompanied by the Hobhouse Report on Rural Housing.

The Report had two main recommendations to make (*a*) the formation of joint County Committees to consist of representatives from County Councils and Rural District Councils and (*b*) the carrying out of a comprehensive survey of housing conditions in the Rural Districts. As it was necessary to have a yardstick for inspection in order to achieve some measure of uniformity, a Standard of Fitness was prepared by the Technical Advisory Committee of the Hampshire Joint Housing Committee. Five categories of houses were mentioned, as can be seen from the accompanying table.

A detailed inspection was accordingly carried out and the survey prepared in this District. The survey embraced all the houses in the District with a rateable value not exceeding £20. The survey dealt only with the condition of the house and not overcrowding.

From the table it will be observed that of the 8,056 houses inspected, a total of 751 are in Category 5. This does not necessarily mean that this number of houses in all cases will be condemned. It may well be that the owners will bring forward proposals to bring them into conformity with the standard of fitness.

To remedy the matters reviewed in the survey will involve long-term planning, demolition order procedure, provision of new houses and extension of the public services.

The table shews the categories prepared in accordance with the Ministry of Health Circular, together with the classification system of grouping, shewing whether public supply services are, or will be, available :—

Category	*Group "A"*	*Group "B"*	*Group "C"*	*Total*
1. Houses satisfactory in all respects	423	519	34	976
2. Houses with minor defects	1,141	2,478	541	4,160
3. Houses requiring repairs, structural alterations or improvements ...	205	1,482	182	1,869
4. Houses suitable for reconditioning under Housing (Rural Workers) Acts	—	220	80	300
5. Houses unfit for habitation and beyond repair at reasonable expense	29	475	247	751
Totals	1,798	5,174	1,084	8,056

Group classification are as follows :—

Group "A": "Services available, i.e., piped water supply, water carriage sewerage system, gas or electricity," denoting that these services are available but not necessarily connected.

Group "B": "Restricted number of services available, others likely to become available in the near future"—denoting that one or several of the above services are available but not necessarily connected and those not at present available may become so in the near future.

Group "C": "Rural conditions only ; services not available or anticipated to be available in the near future"—denoting that these conditions are not likely to be varied.

EX-MILITARY CAMPS

There are nine ex-military and other camps in the District, situated as follows :—

Name of Parish	*Parish*	*Number of huts for occupation*	*Number of huts completed by end of 1948*
Micheldever Station Camp	Micheldever	4	4
Worthy Park Camp	Kings Worthy	24	24
N.F.S. Huts	New Alresford	11	11
Tichborne Park	Tichborne	22	22
Weston Camp	Hound	32	32
Winslowe Camp	West End	34	34
Wilderness Camp	West End	13	13
Bursledon Towers Camp	Bursledon	12	12
The Cricket	Bursledon	110	78

The Cricket, Bursledon

In September, 48 Orlit and 62 Nissen huts at Bursledon were taken over by the Council, and by the end of the year, an additional 78 families had been housed.

The District Sanitary Inspector has reported on the Camp as follows :—

"Each camp has presented the Engineer and Surveyor with its own particular problem in adapting huts for accommodation, sanitation, etc., and The Cricket, the largest in the Rural District, was no exception. Due to the fact that previously only central ablution and sanitary blocks were connected to the camp drainage system, together with the clay soil and woodland in which the camp was sited, disposal of waste water was a potential nuisance. Elsan closets were provided for each hut, and a contractor engaged to cleanse. Unfortunately, the closets were placed inside the huts with no direct access from outside, and times of cleansing had to b

adjusted. Close watch was kept on the disposal of waste water and it was noticed that all types of contraptions for drainage appeared. Another major problem was condensation in the concrete-type hut. Both problems have been watched, and consultations with representatives from the Ministry of Health have taken place in an endeavour to find the best and least expensive solutions."

It was emphasised that, in view of the existence of main drainage in the camp, it would be of enormous value to have the huts connected. It is hoped that the necessary sanction will be granted.

The District Sanitary Inspector has reported on the camps in his area as follows :—

Tichborne Park

There are 22 huts of various types in this camp which have been converted into temporary dwellings. A standpipe water supply is provided in the joint washhouse for each pair of huts.

A Committee was formed consisting of Rural District and Parish Councillors, together with the Sanitary Inspector. Tenants were invited to elect representatives, but did not do so. The Committee provided prizes for the best kept gardens and there is no doubt that this incentive helped to improve the appearance of the camp.

The water supply system taken over from the military authorities has caused maintenance difficulties, but the quality of the water has been satisfactory. Dampness from condensation has been reported, and tenants have been advised how to combat this difficulty as far as practicable. All the huts are fitted with electricity for lighting purposes.

Worthy Park.

The 24 huts in this camp are of the Nissen type, but vary in size. All the unsatisfactory huts at the east end of the camp have now been demolished. The other huts are reasonably satisfactory, although some difficulty was experienced with the chemical closets inside the huts, especially with tenants who did not use suitable chemicals or mixtures. External closets have now been constructed, and no further trouble has been experienced.

A cleansing service removes the contents of the buckets twice weekly, and this is found to be adequate. The camp is not fitted with electric light owing to the high estimated cost of such work for these temporary dwellings. Main water is laid on to the huts.

Micheldever Station

There are only four converted Nissen type huts at this camp. These huts were the first in the Rural District to be converted into dwellings. Water is laid on from the nearby military camp, and electricity is laid on for lighting purposes.

N.F.S. Huts, Alresford

This collection of huts built for the National Fire Service during the war has been converted into eleven dwellings.

Considerable trouble has been experienced from rain percolating through the walls and flooding the floor, but this difficulty should be overcome early in 1949 by cladding the external walls. Electricity is laid on for lighting purposes. Main water is laid on. It has been possible to provide several of the huts with water closets and sinks connected to the sewer. The contents of the chemical closets in the other huts are removed by a cleansing service, twice weekly.

Supervision of Camps

It soon became evident, from the numerous complaints from occupiers, that more intensive supervision by the staff of the Health Department was necessary. The system of inspections was, therefore, intensified, and a report on conditions at each camp is made periodically.

The life of these structures, in most cases, is relatively short and this has to be taken into account in recommending provision of amenities and facilities. On the other hand, over 200 families are obliged to make these huts their homes for, possibly, a considerable proportion of their lives. The majority of the huts provide a very low standard of housing accommodation, and it is therefore reasonable to expect a provision of amenities on a scale at least equal to that enjoyed in the more permanent type of house.

WATER SUPPLY

The County Borough of Southampton and the City of Winchester provide by means of their mains the bulk of the water supply to the dwelling houses in this District. Two private water companies, the Alresford Water Company and the Crabwood Water Supply, provide water to one and two parishes respectively. Periodic examinations, bacteriological and chemical, are made and all reports thereon during the year have been satisfactory.

The following are copies of the reports of the Chemical and Bacteriological analyses of the water supplied by the Alresford Water Company and the Crabwood Water Supply :—

Alresford Water Company

CHEMICAL RESULTS IN PARTS PER MILLION

Appearance :	Clear and bright	Hardness :	
Colour (Hazen)	Nil	Total	245
Electric Conductivity at 20°C.	440	Carbonate (temporary)	220
Reaction *p*H	7·1	Non-carbonate (permanent)	25
Chlorine in Chlorides	12	Turbidity (Silica Scale)	Nil
Nitrogen in Nitrates	3·0	Odour	Nil
Free Ammonia	0·000	Free Carbon Dioxide	25
Albuminoid Ammonia	0·000	Total Solids, dried at 180°C.	295
Metals	Absent	Alkalinity as Calcium Carbonate	220
		Nitrogen in Nitrites	Absent
		Oxygen absorbed in 4 hours at 27°C.	0·00
		Residual Chlorine	0·25

BACTERIOLOGICAL RESULTS

	1 *day at* 37°*C.*	2 *days at* 37°*C.*	3 *days at* 20°*C.*
Number of colonies developing on Agar per c.c. or m.l. in	0	0	0

Presumptive Coliform Reaction	Present in : —	Absent from :	100 m.l.
Bact. coli.	Present in : —	Absent from :	100 m.l.
Cl. welchii reaction	Present in : —	Absent from :	100 m.l.

REMARKS : This sample is clear and bright in appearance, neutral in reaction and free from iron and other metals. The water is hard in character but not unduly so and it contains no excess of mineral or saline constituents. It is of the highest standard of organic and bacterial purity. These results are consistent with a pure and wholesome water suitable for public supply purposes.

(Signed) GORDON MILES for THE THREE COUNTIES PUBLIC HEALTH LABORATORIES

Crabwood Water Supply

CHEMICAL ANALYSIS

Parts per 100,000

Free and saline ammonia	0·0025	Poisonous metals	Nil
Albuminoid ammonia	0·0030	Iron	Nil
Oxygen absorbed in 4 hours at 27°C.	Nil	Total hardness	24·8
Nitrogen present as Nitrates	Nil	Alkalinity to Methyl Orange— temporary hardness	21·0
Nitrogen present as Nitrites	Nil	Alkalinity to Phenolphthalein (= free alkali)	Nil
Total Solids dried at 100°C.	33·6	*p*H value	7·3
Chlorine	1·2		

REMARKS : Chemically satisfactory for drinking purposes.

(Signed) H. L. CRONK.

BACTERIOLOGICAL EXAMINATION

Probable number of coliform bacilli, MacConkey 2 days 37°C. Nil per 100 m.l.
Probable number of faecal coli ... ... Nil per 100 m.l.

REMARKS : Very satisfactory.

(Signed) R. D. MACKENZIE.

Chemical and bacteriological analyses of the water supplied by the County Borough of Southampton and the City of Winchester can be obtained by reference to the Annual Reports of the respective Medical Officers of Health.

All sources of water supply in the District are derived from deep wells sunk in the chalk strata. A certain quantity of water is extracted from the River Itchen by the Southampton Corporation and is subjected to a process of sedimentation (with the addition of sulphate of alumina) followed by filtration through rapid gravity sand filter and finally sterilised by means of the "Chloramine" treatment.

The following table shews the number of houses provided with a main water supply :—

Parish	*Number of houses*	*Main Supply*		*Percentage*
		Direct to houses	*Standpipe supply*	
ABBOTS BARTON ...	9	7	—	77
BEAUWORTH	40	—	—	—
BIGHTON	52	—	—	—
BISHOPS SUTTON ...	166	—	—	—
BRAMDEAN	181	—	—	—
BOTLEY	414	316	—	74
BURSLEDON	543	466	—	85
CHERITON	180	—	—	—
CHILCOMB	32	22	—	69
COLDEN COMMON ...	347	302	—	87
COMPTON	355	346	—	97
CRAWLEY	126	108	—	86
FAIR OAK	384	328	—	85
HAMBLE	634	614	—	96
HEADBOURNE WORTHY	87	65	—	74
HEDGE END	745	577	—	77
HOUND	1,519	1,415	—	93
HURSLEY	246	132	71	82
ITCHEN STOKE and OVINGTON	90	—	—	—
ITCHEN VALLEY ...	370	256	—	69
KILMESTON	75	—	—	—
KINGS WORTHY ...	362	299	—	82
LITTLETON	196	124	—	63
MICHELDEVER	377	—	—	—
NEW ALRESFORD ...	557	536	—	96
NORTHINGTON	80	—	—	—
OLD ALRESFORD ...	145	—	—	—
OTTERBOURNE	177	172	—	97
OWSLEBURY	192	10	50	31
SPARSHOLT	168	139	—	83
TICHBORNE	97	—	—	—
TWYFORD	471	438	—	93
WEST END	998	845	—	85
WONSTON	360	—	—	—
Totals	10,785	7,607	121	72

During the year the trial borehole was sunk for the Totford scheme. This trial borehole proved very satisfactory and the effect on nearby wells from continuous pumping was negligible. Water levels in numerous wells were taken over a period of several months to obtain accurate records.

The District Sanitary Inspector reports :—

"Preparations for the Bighton section of the Totford scheme were well advanced and this section should be completed during 1949. Plans for the Tichborne section of the scheme were well in hand and a start should be made during 1949. A temporary supply of water for the Bighton and Tichborne sections will be obtained from local sources.

In addition to preparation work in connection with the Totford scheme to supply water to the Northern parishes, further progress was made in preparing schemes for the supply of water to South Wonston from Winchester City and to Micheldever Station from a military installation.

At the end of the year a borehole was sunk at Wonston Schoo and this has proved more satisfactory than the existing well.

With few exceptions no serious shortage of water was reporte during the year. Apart from this, hundreds of families in the rura areas are looking forward to the time when water can be obtaine by turning on a tap. Many houses depend entirely upon rainwate and many others have wells from which water has to be drawn by th laborious task of windlass and bucket."

In all but two parishes (Owslebury and Hursley) in the are south of Winchester, the Southampton Corporation Waterworks the undertaking supplying piped water. Recent extensions of mai have been made to the Boorley Green district of Botley and tl Horton Heath district of Fair Oak. This satisfied a long-felt war as the shallow well supply on which those districts previous depended has always been of poor quality and insufficient in ev moderately dry seasons. No large groups of houses in any of t parishes covered by the Southampton Corporation Waterwor are now without a piped supply.

343 additional houses have been supplied with Compan water during the year. 72% of the dwelling houses in the Ru District are now connected with the main supply.

Samples of well water supplying 32 individual properties w examined during the year.

SEWERAGE AND DRAINAGE

(A) In the Northern Area

New Alresford. A report by the District Sanitary Inspector on the working of the sewerage scheme at New Alresford may prove of interest for it is now seven years since the first houses were connected to the sewers in that parish :—

"No blockages have occurred during the year in the main sewers and blockages reported in the house drains have been few.

No interceptors, fresh air inlets or sewer ventilating shafts are required in this scheme, which relies upon house ventilating shafts to ventilate the system of drains and sewers. The advantages are as follows :—

(i) The absence of an intercepting trap removes a common cause of blockage.

(ii) The absence of fresh air inlets prevents rats gaining access to the drains through faulty inlets. There has been no evidence of any rat in the drains or sewers.

(iii) The large number of ventilating shafts on the house drains probably ventilate the sewers in a much better way and at much less cost than a few ventilating shafts placed on the sewers.

Apart from new houses, all of which have been connected to the scheme, some existing houses with unsatisfactory drainage have been connected to the sewer on the advice of the Sanitary Inspector. Most of the premises in New Alresford are now connected, the majority of the unconnected premises being due to difficulties with adverse levels.

The effluent from the sewage works appears to have been satisfactory and no difficulty has been experienced from the disposal of the filtered effluent by means of soakage grips in the chalk subsoil. Sludge from the drying beds has been removed by local farmers."

During the year, the Junior School was connected to the sewer.

Kings Worthy. In view of the considerable housing development which is proposed at Kings Worthy and the fairly large concentration of houses which already exists at Hookpit, sewerage schemes are very desirable.

(B) In the Southern Area

Sewage disposal in the Southern area is a problem because it is the most thickly populated and the subsoil is almost entirely a dense impervious clay. In these conditions cesspool drainage is no solution but in practice tends to aggravate the problem.

Of the eight more thickly populated parishes in the area, Hamble and Hound have main drainage serving the major portion of the population, and the West End scheme is now in hand. This will leave five parishes unsewered.

The estimated population in 1939 for the eight parishes was 18,827 and an increase to 20,000 in the ten intervening years is a very conservative estimate. It is worthy of note that this figure accounts for more than half the population of the entire Rural District. This means that when the West End scheme is completed and connections are made, about 10,000 will enjoy main drainage facilities and the remaining 10,000 will have either cesspool drainage or none at all. The fouling of ditches and watercourses with sewage is a constant problem. The order of priority for these five unsewered parishes has been assessed by the Hampshire County Council as follows : (1) Botley, (2) Bursledon and Hedge End, (3) Colden Common and Fair Oak. The Council is alive to this need and much of the area has been surveyed and schemes prepared, but the problem will remain until these schemes can be implemented.

Twyford. The existing sewerage scheme requires extension and consideration should be given to finding a new site for disposal works for the protection of the Southampton Waterworks river intake.

Bursledon and Hedge End. The early execution of sewerage schemes for these parishes is a matter of urgency if the serious cases of nuisances are to be remedied.

Botley. There is a nuisance caused by the fouling of roadside ditches and streams and a sewerage scheme is urgently required.

Fair Oak. There are over 300 houses at Fair Oak and Horton Heath. Cases of nuisance arise and a sewerage scheme is very desirable. Consideration might be given to linking up with the Eastleigh sewers.

Colden Common. There are over 300 houses in Colden Common village and for the improvement of housing standards a sewerage scheme is desirable.

Hursley. There is a fairly large concentration of houses in the village and for the improvement of housing standards a sewerage scheme is very desirable.

Otterbourne. In Otterbourne village there have been cases of nuisances although these have not been serious. Piped supplies of water are available and a sewerage scheme is desirable for the improvement of housing standards.

Only a few of the remaining parishes in the Rural District are yet supplied with piped water and there are few cases of nuisance recorded. It is not anticipated that difficulty will arise when piped supplies of water are available and it is mainly on the grounds of improving housing standards that schemes of main drainage may be urged.

INSPECTION OF MEAT AND OTHER FOODS

Carcases of fresh meat are prepared and distributed throughout the District to butchers' shops in the various parishes from the Ministry of Food Slaughterhouse in the City of Winchester.

Comment is called for on the transport of such home-killed meat. In view of the urgent need to conserve supplies, it is galling to be called upon to condemn meat as unsound due to unsatisfactory handling. The Ministry of Food state they would appreciate any information from Inspectors relating to condemnations which, in their opinion, result from unsatisfactory handling. In August, 38 lb. of meat (home-killed) and in September and October 108 lb. were condemned, not because of disease, but because of bone taint due to insufficient cooling. This was reported and resulted in a visit from a senior officer of the Ministry of Food. One hopes an improvement will follow and vital food be saved.

The following articles of food, found unfit, were voluntarily surrendered and destroyed where necessary. In other cases, on an undertaking that the food would not be used for human consumption, it was returned to the wholesaler or Ministry of Food :—

Beef (Carcase Meat)	669¼ lb.	Canned Fruit	203 tins
Mutton (Carcase Meat)	100 lb.	Cheese	34¾ lb.
Corned Beef	70 tins	Marmalade	23 tins
Minced Beef	2 tins	Beans	104 tins
Corned Mutton	6 tins	Carrots	62 tins
Beef Loaf	6 tins	Galantine	60 lb.
Veal Loaf	6 tins	Beetroot	27 tins
Luncheon Meat	15 tins	Gelatine	57 lb.
Bacon	32 lb.	Sultanas	10 lb.
Fish Roll	86 tins	Oatmeal	284 lb.
Canned Fish	43 tins	Margarine	20 lb.
Pork	9 tins	Snappy Snacks	28 tins
Fish Paste	54 jars	Dessert Mold	27 pkts.
Pickles	32½ gal.	Rice	84 lb.
Soup	24 tins	Jam	7 lb.
Evaporated Milk	147 tins		

Food Hygiene

In October, 1947, a conference was arranged by the Central Council for Health Education on Food and Drink Infections. The conference was undoubtedly an outstanding success and as a result there has been a determined effort all over the country to improve methods of food hygiene. The policy of the Ministry of Health, in view of the increased incidence of food poisoning, appears to be to insist on stricter control over all premises where food is handled or sold. In March, 1947, the Ministry made the suggestion that Medical Officers of Health should prepare a list of all premises where food was sold or manufactured for sale. This suggestion was carried out and a full list of food premises in this District was prepared. The list, by co-operation with the Ministry of Food, is added to as additional retail and catering licences are issued to new applicants. This information is passed in turn to the Sanitary Inspector for follow-up visits as judged necessary. This list has obviously been of considerable value when distributing propaganda material.

Early in the year, lectures were arranged, in conjunction with the City of Winchester, for food handlers. It was also considered advisable to approach the food handler direct ; and by means of letters, leaflets, adhesive labels, all incorporating advice, the essential points were brought to the notice of virtually all who handle food in the area. Towards the end of the year, a card incorporating ten rules which should be observed by food handlers was distributed throughout the District. Arrangements were also made through school clinics and other voluntary bodies for the distribution of propaganda material to the housewife.

Section 13 of the Food and Drugs Act, 1938, provides the basis for dealing with all rooms in which food is handled. One of the chief duties of the Sanitary Inspector is to try and ensure that a high degree of cleanliness is maintained in food premises. The most important problem in securing clean food is cleanliness of the personnel, particularly clean personal habits. For this a good supply of hot and cold water, soap and clean towels should be provided. Requirements vary with the different types of business. There is an increasing realisation by members of the food industry of the need for personal hygiene, but there are many difficulties to be overcome in a rural district. The Food and Drugs Act makes little provision in regard to this question of personal hygiene. Doubtless, it is difficult to draw up legislation which prescribes the conduct of the individual. The law requires that wash-basins and sanitary conveniences are provided ; it is more difficult to ensure that they are

ıised. With soap a rationed commodity, with a high purchase tax ɔn gas water heaters, with towels in short supply and with a de-ɔlorable lack of provision for personal cleanliness in schools, the ;ask of health education in stimulating food handlers to improving ıygienic conditions is fraught with innumerable difficulties.

Food Poisoning

Total number of outbreaks	*Number of cases*	*Number of deaths*	*Organisms or other agents responsible with number of outbreaks of each*	*Foods involved with number of outbreaks of each*
1	12	Nil	Suspected chemical	Macaroni Cheese

The above table refers to an outbreak of food poisoning among hildren which occurred at Perin's Senior School, Alresford, early in ıe year. The incapacity was short-lived and no death occurred.

REFUSE DISPOSAL

The collection and disposal of refuse is carried out by the Coun-l for the whole of the rural area. The collection is made monthly, ɔrtnightly or weekly according to the locality. A "semi-back-door" ɔllection has been tried out in certain parishes which had previously ad a weekly kerbside collection. The full bin is collected from the ɔor by the loader and is returned from the gate by the occupier.

During the year the vehicles comprised four ten-cubic-yard eighters, one seven-cubic-yard freighter and a two-ton lorry. ach freighter is manned by a driver and two loaders, and the lorry y two men who work at the tips.

At Morn Hill Depot, three men and one woman are employed ɔ sort and bale paper, rags, bottles, etc., ready for disposal. ecords have shewn, by the amount disposed of, that the collection salvage has been successful.

There are six tips in the district situated at Bramdean, Colden ɔmmon, Weston (Micheldever), Compton, Hound and Hamble. roper disposal after collection is important. Inspection has shewn

that the requirements of the Ministry of Health are not, in all cases, being complied with. During the summer months, complaints have, on occasion, reached the Health Department, and the closest watch has been kept in recent months on the method of tipping. It is appreciated that there may be difficulties with labour and transport; such difficulties should be overcome, not only to limit the risk of nuisance, but to preserve the amenities of the district.

The results of the observations and suggestions will be the subject of a report at a later date.

FACTORIES, WORKSHOPS AND WORKPLACES

Inspection of Factories, Workshops and Workplaces.

Premises (1)	*Inspections* (2)	*Number of written notices* (3)	*Occupiers prosecuted* (4)
Factories (with mechanical power) ...	41	4	—
Factories (without mechanical power) ...	10	—	—
Other premises under the Act (including works of building and engineering construction, but not including out-workers premises)	—	—	—
Totals	51	4	—

RODENT CONTROL

The Ministry of Agriculture, during the year, decided to te minate all grants paid to Local Authorities for rodent destructi in force at 31st March, 1948 and to make instead a consolidat grant of 50% of the approved expenditure incurred by each loc authority (other than on agricultural property). Hitherto proportion of the cost of this work had to be met from the loc rates.

Refuse Tips

The treatment of the Council refuse tips has been carried out periodically by hole baiting and poisoning. One of the chief difficulties experienced in the past has been due to unauthorised persons "poking about" tips when baits have been laid. It is perhaps true to say that refuse tips will seldom be entirely free from rats, but infestations have been kept at a minimum in this District during the year.

Sewers

Test-baiting of the Council sewers has been carried out with the assistance of the Engineer and Surveyor's Department as under :—

	Baiting points laid	*Results*
New Alresford	66	nil
Owlwyford	10	nil
Compound	91	nil
Tamble	15	nil

No evidence of infestation by rats was discovered during the operations.

Co-operation with other Authorities

The rat, agricultural or otherwise, knows no boundary, and the Rodent Committee have sought co-operation with adjacent Authorities, and the Hampshire Agricultural Executive Committee in particular. Periodical meetings with representatives from Winchester City Council, Eastleigh Borough Council and the Ministry of Agriculture and Fisheries have been held during the year.

The incursion of rats from the farm land into the villages at certain seasons still presents a problem and although valuable assistance and co-operation of the County Pest Officer's staff has been experienced, effective synchronisation in block control has not been possible in every operation.

Statistics

Complaints of infestations received	319
Number of business premises treated	237
Number of private houses disinfested	503
Number of premises surveyed	5,654
Number of dead rats recovered after operations	1,541

SANITARY INSPECTOR'S REPORT, 1948

The number of sanitary inspections carried out during the year is as follows :—

Statute	*Nature of Visit*	*No. of inspections*	
Milk and Dairies Regulations 1926 to 1943	(*a*) Number of Milk Producers registered during year ...		20
	(*b*) Inspections for reconstructions, alterations and cleanliness	91	
Factories Act, 1937	Inspections	10	
	Re-inspections	41	
Shops Act, 1934	Inspection of premises	12	
Food and Drugs Act, 1938	Inspection of food premises ...	118	
Housing Act, 1936	(*a*) Houses inspected in respect of essential repairs	90	
	(*b*) Re-inspection of premises ...	224	
	(*c*) Investigation of housing applications	595	
Public Health Act, 1936	(*a*) Inspection of premises ...	187	
	(*b*) Nuisances found and remedied	127	
	(*c*) Re-inspection of premises ...	356	
	(*d*) Inspections in connection with water supplies	650	
	(*e*) Visits and disinfections in connection with infectious diseases	98	
	(*f*) Drainage inspections	192	
Rat and Mice (Destruction) Act, 1919 (Rodent Control)	(*a*) Number of premises surveyed	5,654	
	(*b*) Number of premises treated		740
	Interviews		614
	Samples of well-water examined		32
	Number reported polluted ...		1
	Samples of milk examined for efficiency of pasteurisation ...		25
	Samples of milk for streptococci		4
	Total	8,445	